

## STATES PATENT AND TRADE

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this paper and the documents and/or fees referred to as attached therein are being deposited with the United States Postal Service on January 28, 2000 in an envelope as "Express Mail Post Office to Addressee" service under 37 CFR §1.10, Mailing Label Number EL065189455US, addressed to the Assistant Commissioner for Patents, Washington, DC

Dionna Holmes

Attorney Docket No.: NXTGP001X2

First Named Inventor: Purnendu Shekhar Ojha

## UTILITY PATENT APPLICATION TRANSMITTAL (37 CFR. § 1.53(b))

**Assistant Commissioner for Patents Box Patent Application** Washington, DC 20231

Duplicate for fee processing



Sir: This is a request for filing a patent application under 37 CFR. § 1.53(b) in the name of inventors: Purnendu Shekhar Ojha and Franklin Richard Schmidt

For:	or: Methods and Apparatus for Facilitating Transactions						
Applic	ation	Elements:  55 Pages of Specification, Claims and Abstract  45 Sheets of informal Drawings  02 Pages Combined Declaration and Power of Attorney - executed					
		<del></del>					
	$\boxtimes$	55 Pages of Specification, Claims and Abstract					
	$\boxtimes$	45 Sheets of informal Drawings					
	$\boxtimes$	02 Pages Combined Declaration and Power of Attorney - executed					
Accompanying Application Parts:							
That have been there		Assignment and Assignment Recordation Cover Sheet (recording fee of \$40.00 enclosed)					
ng pg	$\square$	37 CFR 3.73(b) Statement by Assignee					
		Information Disclosure Statement with Form PTO-1449					
•		Copies of IDS Citations					
		Preliminary Amendment					
	$\boxtimes$	Return Receipt Postcard					
	$\overline{X}$	Small Entity Statement(s)					
		Other:					

## Fee Calculation (37 CFR § 1.16)

	(Col. 1)	(Col. 2)	SMALL	ENTITY	OR	LARGE	ENTITY
	NO. FILED	NO.	<u>RATE</u>	<u>FEE</u>		<u>RATE</u>	<u>FEE</u>
		<b>EXTRA</b>					
BASIC FEE			\$345	\$345	OR	\$690	\$
TOTAL CLAIMS	<u>26</u> - 20	= <u>6</u>	x 9	= \$54	OR	x 18	= \$
INDEP CLAIMS	<u>3</u> - 03	= 0	x 39	= \$0	OR	x 78	= \$
[] Multiple Depend	lent Claim Presen	\$130	\$		\$260	\$	
			Total	\$399	OR	Total	\$

<sup>\*</sup> If the difference in Col. 1 is less than zero, enter "0" in Col. 2.

Our check in the amount of 3.00 is enclosed	for excess claims and ling fees;						
Our check in the amount of \$40.00 is enclosed for	or assignment recordation fee.						
The Commissioner is authorized to charge any for required, or to credit any overpayment, to Deposit Ac							
General Authorization for Petition for Extension of T	ime (37 CFR §1.136)						
Customer No	ımber: 022434						
F .	VEAVER, LLP						
Palo Alto	P.O. Box 61059 Palo Alto, CA 94306						
	Telephone: (510) 843-6200 Facsimile: (510) 843-6203						
the control of the co							
Date: January 28, 2000	Joseph M Vill						
	oseph M. Villeneuve						
I	Registration No. 37,460						